

## CHILD CARE PAYMENT WORKSHEET FOR ACCREDITED LICENSED CHILD CARE PROVIDERS

Parent Name	CARES Number	Date
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Child Name	Provider Type	Hours Auth.	X	Agency Hourly Rate (+ 10%)	Beginning Reimburs. Rate	Weekly Ceiling (+10%)	Providers Reported Weekly Price	Lowest Weekly Amount*
	G or F		X					
	G or F		X					
	G or F		X					
	G or F		X					
	G or F		X					
	G or F		X					
FULL WEEKLY AMOUNT								

\*Compare the Beginning Reimbursement Rate to the Local Agency Weekly Ceiling (increased by 10%) and the Providers Reported Weekly Rate. Enter the lowest of these three amounts in the lowest weekly amount space. Add each of the Lowest Weekly Amounts to determine the Full Weekly Amount.

**Determine the Standard Family Co-payment from the Child Care Co-pay Schedule and the Adjusted Family Co-payment due to the copay type (\$0, minimum or differential).**

Full Weekly Amount	Standard Family Co-payment	Adjusted Family Co-payment

Divide the Lowest Weekly Amount for each child by the full weekly amount. This percentage for each child is then multiplied by the adjusted agency payment. This result is the weekly payment that can be authorized on enrollment for each child.

If payment is based upon attendance, this amount must be divided by either the number of hours of care that have been authorized for the child, or the number of hours that was used to divide the Weekly Ceiling for that type of provider into an hourly rate. *Use whichever number is less.* This hourly amount is the amount that will be paid for the actual hours of attendance up to the local agency weekly ceiling which has been increased by 10%.

Child Name	Lowest Weekly Amount	/	Full Weekly Amount	=	% of Full Cost	X	Adjusted Agency Payment **	=	Weekly Pay	/	Hours Auth. or Divisor Used	=	Final Hourly Rate
		/		=		X		=		/		=	
		/		=		X		=		/		=	
		/		=		X		=		/		=	
		/		=		X		=		/		=	
		/		=		X		=		/		=	
		/		=		X		=		/		=	

\*\*The Adjusted Agency Payment is the Full Weekly Amount minus the standard, adjusted or part time co-payment amount. The part time co-payment is calculated by dividing the standard or adjusted co-payment amount in half for each child whose total number of authorized hours is 20 hours or less for an authorization period.